



Public Health

PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities

ENVIRONMENTAL HEALTH

8500 N. ATLAS RD.
HAYDEN, ID 83835
PHONE: (208) 415-5200
FAX: (208) 415-5201
www.phd1.idaho.gov

To: All Temporary / Intermittent Food Service Vendors
From: Environmental Health Section/Food Program
Subject: Temporary Food Service License Application

A \$65 food license fee is required for all establishments handling potentially hazardous foods. Applications without the license fee will not be processed. Idaho Code §39-1604 states, "No person, firm or corporation shall operate a food establishment that handles potentially hazardous foods, for which no other state or federal food safety inspection or license is required, without a license approved by the director of the department of health and welfare or his designee."

One temporary food service license may be used for **three (3) events during the calendar year in the same district.** If an operator wishes to be permitted for more than three events, he/she must qualify for a mobile license.

An Intermittent food service establishment is one that operates for a period of time, not to exceed three (3) days per week, at a single, specified location in conjunction with a recurring event. Examples of recurring event may be a: farmers' or community market or a holiday market.

NOTE: Fraternal, Benevolent and Nonprofit Charitable Organizations – see attached.

*** Please complete all questions on the application, attach a complete menu, a letter from your commissary, (which includes the commissary's name and license number, address, telephone number) - signed and dated by the owner, and submit with the \$65 license fee.

Applications must be submitted to this office for review within 72 hours (3 days) prior to the event. An incomplete application may cause a delay and/or disapproval of your application. Applications received after the 72-hour deadline will not be accepted and the applicant will not be allowed to operate.

If you have any questions, please feel free to contact this office. Thank you.

TEMPORARY FOOD GUIDELINE/CHECKLIST

TEMPORARY FOOD ESTABLISHMENT

A food establishment that operates at a fixed location for not more than fourteen (14) consecutive days in conjunction with a single event or celebration.

If only non-potentially hazardous foods are served, the minimum requirements are:

- a. Adequate storage.
- b. Hand washing (antibacterial/high alcohol towelettes).
- c. Adequate serving utensils.

Potentially Hazardous Foods

- a. No food preparation may be done on site. However, on site cooking of hamburgers, hot dogs, sausages, other BBQ items cooked to serve is acceptable.
- b. Final food assembly of pre-prepared items from commissary is permissible provided adequate protection and storage is provided. No cutting, dicing, grating, chopping, etc. on site.
- c. Ready to eat foods must be handled with gloves and/or proper utensils.
- d. Product must be stored in approved facilities, which maintains food at safe temperature and thermometers in facilities are provided. (Below 41°F or Above 135°F).
- e. Hand washing must include: A hand washing sink or warm water vessel (101°F), soap and paper towels, a catch basin (bucket) must be provided. The vessel must have a spigot that can be turned on and stay on for washing hands – no push button types.

Commissary:

Off site food preparation and equipment/utensil cleanup must be done in an approved commissary. No food stored or prepared in a private home or unapproved facility shall be sold, offered for sale, served or given away from a temporary food establishment or operation. (Exemption: Non-profit organizations may sell home prepared, non-potentially hazardous baked goods).

** On site clean up of equipment and utensils may be acceptable if adequate 3-compartment sink, hot/cold water source and volume, and wastewater disposal are provided.

Equipment:

Equipment must be constructed, located and installed to prevent contamination of food or food items.

Single-Service Articles:

Shall be provided in dispensers or individually wrapped for use by the consumer.

Physical Construction:

- a. Floor covering must be provided, if ground emits dust.
- b. Openings to the outer air need not be closed or screened.
- c. Walls and ceilings must be provided for adequate protection.

Adequate potable water must be provided, and sewage waste must be disposed at approved facility.

Additional Requirements:

The regulatory authority may impose additional requirements to protect against health hazards related to the operation of temporary food establishments or operations may prohibit the sale of some menu items or limit preparation steps and when no health hazard will result, may waive or modify requirements upon satisfactory compliance.



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Nonprofit Charitable Organizations

Per Idaho Code 39-1602.1.b Definitions: “Food establishment”

The term “food establishment” does not include:

- (b) Fraternal, benevolent or nonprofit charitable organizations which do not prepare or serve food on a regular basis. Food shall not be considered to be served on a regular basis if the food is served for a period not to exceed five (5) consecutive days on no more than three (3) occasions per year for foods which are not potentially hazardous, or if the food is served no more than one (1) meal a week for all other foods.

Therefore:

- A temporary food service operation by a nonprofit charitable organization serving **non-potentially hazardous food**, is not considered a “food establishment and is **not required to be licensed**.
- A temporary food service operation by a nonprofit charitable organization serving **potentially hazardous food for one day is not required to be licensed**.
- A temporary food service operation by a nonprofit charitable organization serving **potentially hazardous food for up to five (5) consecutive days must have a temporary food service license, pay the \$65.00 fee and be inspected by this office**.
- If your temporary food service is required to be licensed, as stated above, the **license is good for three (3) events per year, up to five (5) consecutive days per event**. Please contact this office 10 working days prior to each event with the name, location and date of each event.

If you have any questions, please feel free to contact this office. Thank you.

Environmental Health Specialist

Date

PANHANDLE HEALTH DISTRICT

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TEMPORARY EVENT FOOD SERVICE APPLICATION

ESTABLISHMENT INFORMATION	LICENSE HOLDER / OWNER / LESSEE
Business Name: _____	Name: _____
Business Mailing Address: _____	Title: _____
_____	Owners Mailing Address: _____
City _____ State: _____ Zip: _____	_____
Business Telephone: () _____	City _____ State: _____ Zip: _____
Fax #: () _____	Owners Telephone: () _____
Non Profit Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #: () _____
Name of Group: _____	Secondary Contact Person: _____
	Title: _____ Telephone: _____

3 EVENTS – PER YEAR – PER DISTRICT – ONE \$65 FEE

District 1 Offices: Benewah County - 137 N. 8th St. – St. Maries, ID 83861 - (208) 245-3692
Bonner County - 322 Marion Ave – Sandpoint, ID 83864 - (208) 265-6384
Boundary County - PO Box 893 – Bonnors Ferry, ID 83805 - (208) 267-5558
Kootenai County – 8500 N Atlas Rd.- Hayden, ID 83835 - (208) 415-5200
Shoshone County -114 W. Riverside Ave – Kellogg, ID 83837 - (208) 786-7474

EVENT #1

Event Name: _____ Event Location: _____
Event Date(s): _____
Commissary: _____ License# _____ Phone: _____
Water Source Name: _____ ☐ Public or ☐ Private
Sewage Disposal: _____ ☐ Public or ☐ Private

EVENT #2

Event Name: _____ Event Location: _____
Event Date(s): _____
Commissary: _____ License# _____ Phone: _____
Water Source Name: _____ ☐ Public or ☐ Private
Sewage Disposal: _____ ☐ Public or ☐ Private

EVENT #3

Event Name: _____ Event Location: _____
Event Date(s): _____
Commissary: _____ License# _____ Phone: _____
Water Source Name: _____ ☐ Public or ☐ Private
Sewage Disposal: _____ ☐ Public or ☐ Private

Printed Name _____	<u>Panhandle Health District Use Only:</u>
Signature: _____	\$65.00 Fee Paid _____ (Receipt Number)
<input type="checkbox"/> License Holder / Owner / Lessee	Establishment Number: _____
<input type="checkbox"/> Agent / Title _____	EHS: _____ Date Received: _____

TEMPORARY EVENT FOOD ESTABLISHMENT

Temporary event food establishments must complete this section, sign, date and attach all supporting documents to this application.

This includes any moveable push carts, vending trucks, trailers, tents, booths, bicycle, water craft, or other movable unit with or without wheels and fixed facilities used for temporary events.

1. Please list a complete menu of food items to be served.

2. List where all food items and ice will be purchased (Name of Supplier). Where will you be getting your water for the mobile unit? All foods, water and ice must be purchased or obtained from an approved source.

3. Describe how all foods on your menu will be sorted, transported, prepared and served.

NOTE: All foods must be prepared before the event at a licensed commissary. Only final food assembly, cooking and serving at the event is allowed.

IMPORTANT! Unless you are a full service mobile food unit, all food vendors must have a commissary (a licensed, approved facility) for storage of food, food preparation and clean up of equipment. No cutting, slicing, chopping, etc., or extensive food preparation can be done on site at the events.

Written approval from your commissary with the commissary name, license number, address, telephone number and signed by owner/manager must be attached to this application.

4. List all equipment and describe facilities that will be used at the temporary food establishment.
 - All temporary food establishments must have adequate cooking, holding, and refrigeration facilities to hold foods below 41 ° F or above 135°F. Mechanical refrigeration units must be pre-chilled to 41 ° F or less prior to being filled with food.

- Food grade hoses are required for filling potable water tanks. Do not forget to clean and sanitize tanks prior to use.
- Every temporary unit must be constructed in a manner that protects the food from outside elements, such as wind, rain, dust, etc.
- Single service articles shall be provided for use by the customers.
- Ready to eat foods must be handled with gloves and/or proper utensils.

Include a sketch of the temporary food establishment that shows placement of equipment, sinks, water tanks, refrigeration, counter tops and work areas.

5. How do you plan to wash your hands?

Every temporary food establishment must have a hand washing facility. This must include a hand washing vessel (101°F), soap, and paper towels and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types allowed.

6. How will you dispose of your waste water and garbage?

All waste water and garbage must be disposed of at an approved site.

7. How will you wash and sanitize equipment and utensils?

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Do not reference information provided on previous applications you made with the Panhandle Health District. Thank you.

I have read and understand the above requirements and agree to comply with these requirements for my temporary event food establishment.

Date:_____

Printed Name_____Signature:_____

☐ License Holder / Owner / Lessee

☐ Agent / Title_____



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SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form is to be submitted with proposals for a Vehicle or Cart Permit, Temporary Food Facility Permit, Catering Permit or Farmers' Market Food Vendor permit. The State of Idaho Food Code requires that foods sold or given away to the public be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced and, sometimes, stored at an approved facility.

THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY where these operations will take place for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Panhandle Health District I.

Name of Business applying for permit: _____

Name of Approved Food Facility/Commissary: _____

Address: _____
(city, state, zip)

Phone: _____ Commissary License #: _____
(approved/licensed facility)

Operations to take place:

- ☐ Food Preparation
- ☐ Food/Utensil storage (Designated and labeled area for exclusive use)
- ☐ Vehicle/Cart Storage
- ☐ Washing of utensils and equipment
- ☐ Other: _____

As the owner of the above approved food facility, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of the food facility.

Owner of Approved Facility/Commissary (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____